

701

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS AN A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH
1. County Maricopa
District _____
Town or City Phoenix

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH
No. Arizona State Hospital
(If death occurred in a hospital or institution, give its NAME instead of street number)

State Index - No. 244
County Registrar's - No. 799
Local Registrar's - No. 4

2. FULL NAME George P. Lindsay
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WID-OWED or DIVORCED Widowed
(Write the word)
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) _____
7. AGE Years 67 Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Miner (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____
9. BIRTHPLACE (city or town) (State or country) New York
10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (State or country) (city or town) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (State or country) (city or town) _____
14. Informant (Address) _____
15. Filed 2-1-, 1924 Addie Byram Local Registrar. FEB 3 1924 V. S. No. 1 _____ County Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year) Jan 27 1924
17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1923 to Jan. 26, 1924 that I last saw him alive on Jan 26, 1924 and that death occurred, on the date stated above, at 8:45 a. m. The CAUSE OF DEATH* was as follows:
Chronic parenchymatous nephritis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted _____ if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. H. Johnson M. D. 19 _____ (Address) Ariz. State Hosp.
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL Asylum Cemetery DATE OF BURIAL 2-1- 1924
20. UNDERTAKER J. H. Mc Lellan ADDRESS N. Central Ave.